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APPLICANTS

Kenneth G, DeRoche, Greensburg, PA;

Howard W. Frye, Oswego, IL;
Ronald L. Dudzinsky, Derry, PA;Mark A. Francis, Solon, OH;** CONTINUING DATA. **** *(Handwritten mark)*** FOREIGN APPLICATIONS **** *(Handwritten mark)*

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** 12/14/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	PA	DRAWING 4	CLAIMS 14	CLAIMS 2
Verified and Acknowledged Examiner's Signature	<i>(Handwritten signature)</i>	Initials			

ADDRESS

27877
 KENNAMETAL INC.
 P.O. BOX 231
 1600 TECHNOLOGY WAY
 LATROBE , PA
 15650

TITLE

Milling cutter

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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